Town of Port Hedland

Application for Funeral Directors Licence

Licence applications must be received 28 days prior to activation of licence
Licence periods are renewed annually from the 1st of July to the 30th of June
Licence Applications without attached supporting documentation will not be accepted

Section A – Applicants Details

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Dr
Surname:			First Name:	
Business Trading Name:				
Address Business Operates From:				
			Post code:	
Phone:			Mobile:	
Email:				
Number of years Applicant/Business has held a Funeral Directors Licence:				
Have you ever been convicted of any offense anywhere? If yes, please provide supporting page with details of offense			○ Yes	○ No
National Police Certificate must be provided every five years			○ One has been provided within	○ Updated certificate

Section B – Directors Details

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Dr
Surname:			First Name:	

Section C – Managers Details

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Dr
Surname:			First Name:	

Section D – Secretary Details

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Dr
Surname:			First Name:	

Section E – Partner Details (if more than one please attach extra information)

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Dr
Surname:		First Name:		

Section F – Insurance Details

Public Liability – Name of Insurer:		Copy Attached ☐
Policy Number:	Expiry Date	Verified ☐
Workers Compensation – Name of Insurer:		Copy Attached ☐
Policy Number:	Expiry Date	Verified ☐

Section G – Facilities and Equipment

Does the Applicant/Business own its own approved refrigerated body storage facilities?	☐ Yes	☐ No
If No, provide details of approved facility used, and attach written evidence (e.g. a letter of approval from the approved facility):		
Does the Applicant/Business have its own body preparation or mortuary facilities for embalming?	☐ Yes	☐ No
If No, provide details of approved facility used, and attach written evidence (e.g. a letter of approval from the approved facility):		
Does the Applicant/Business own its own mortuary transport service?	☐ Yes	☐ No
If No, provide details of mortuary transport services used, and attach written evidence (e.g. a letter of approval from the service being used):		

1) I hereby certify that the applicant/business meets all standard requirements of Town of Port Hedland, as stated in policy 13/012 (Licensing of Funeral Directors)
2) I agree to maintain Public Liability Insurance cover and Workers Compensation Insurance cover (where applicable) as a condition of my licence.
3) I have provided a copy of Certificate of Currency of Third Party Insurance with this application
4) I agree to provide details of insurance policies annually to the Town of Port Hedland
5) I am familiar with the Cemeteries Act and the Town of Port Hedland Cemeteries Local Law and agree to abide by the requirements as set out.
6) Should these requirements not be met I understand that I am liable to incur penalties and/or the loss of my Funeral Directors Licence, subject to my right of appeal.

Section H – Signature	
I declare that all information provided in this application is accurate and reliable, and that I agree with the terms set out.	
Signature:	Date:

Section I – Office Use Only		
Amount Paid: $220	Date:	Receipt No:
Record No:	Date:	Approved By: